

PATENT APPLICATION FEE DETERMINATION REC RD  
Effective January 1, 2003

Application or Docket Number

10-659-115

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

|                                  |               |                          |
|----------------------------------|---------------|--------------------------|
| TOTAL CLAIMS                     | 20            |                          |
| FOR                              | NUMBER FILED  | NUMBER EXTRA             |
| TOTAL CHARGEABLE CLAIMS          | 20 minus 20 = | 0                        |
| INDEPENDENT CLAIMS               | 2 minus 3 =   | 0                        |
| MULTIPLE DEPENDENT CLAIM PRESENT |               | <input type="checkbox"/> |

SMALL ENTITY  
TYPE  OTHER THAN  
OR SMALL ENTITY

|           |        |              |        |
|-----------|--------|--------------|--------|
| RATE      | Fee    | RATE         | Fee    |
| BASIC FEE | 375.00 | OR BASIC FEE | 750.00 |
| X\$ 9=    |        | OR X\$18=    |        |
| X42=      |        | OR X84=      |        |
| +140=     |        | OR +280=     |        |
| TOTAL     | 375    | OR TOTAL     |        |

\* If the difference in column 1 is less than zero, enter "0" in column 2

5/5/06 CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

| AMENDMENT A                                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA         |
|--|---|-------|---|--------------------------|
|  |   |       |   |                          |
| Total  | •   | Minus | •   | =                        |
| Independent                                    | •   | Minus | •   | =                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |       |   | <input type="checkbox"/> |

SMALL ENTITY OR OTHER THAN  
OR SMALL ENTITY

|                  |                        |                  |                        |
|------------------|------------------------|------------------|------------------------|
| RATE             | ADDI-<br>TIONAL<br>FEE | RATE             | ADDI-<br>TIONAL<br>FEE |
| X\$ 9=           |                        | OR X\$18=        |                        |
| X42=             |                        | OR X84=          |                        |
| +140=            |                        | OR +280=         |                        |
| TOTAL ADDIT. FEE |                        | TOTAL ADDIT. FEE |                        |

| AMENDMENT B                                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA         |
|--|---|-------|---|--------------------------|
|  |   |       |   |                          |
| Total  | • 15                                      | Minus | • 20  | =                        |
| Independent                                    | • 13                                      | Minus | • 13  | =                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |       |   | <input type="checkbox"/> |

|                  |                        |                  |                        |
|------------------|------------------------|------------------|------------------------|
| RATE             | ADDI-<br>TIONAL<br>FEE | RATE             | ADDI-<br>TIONAL<br>FEE |
| X\$ 9=           |                        | OR X\$18=        |                        |
| X42=             |                        | OR X84=          |                        |
| +140=            |                        | OR +280=         |                        |
| TOTAL ADDIT. FEE |                        | TOTAL ADDIT. FEE |                        |

| AMENDMENT C                                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA         |
|--|---|-------|---|--------------------------|
|  |   |       |   |                          |
| Total  | •   | Minus | •   | =                        |
| Independent                                    | •   | Minus | •   | =                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |       |   | <input type="checkbox"/> |

|                  |                        |                  |                        |
|------------------|------------------------|------------------|------------------------|
| RATE             | ADDI-<br>TIONAL<br>FEE | RATE             | ADDI-<br>TIONAL<br>FEE |
| X\$ 9=           |                        | OR X\$18=        |                        |
| X42=             |                        | OR X84=          |                        |
| +140=            |                        | OR +280=         |                        |
| TOTAL ADDIT. FEE |                        | TOTAL ADDIT. FEE |                        |

- If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.